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APPLICANTS

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** CONTINUING DATA *****
None *W*

** FOREIGN APPLICATIONS *****
None *W*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS
22879
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80527-2400

TITLE
Power supply system

FILING FEE RECEIVED	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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